Department of Administration BUILDING CODE COMMISSION CONTRACTORS' REGISTRATION BOARD One Capitol Hill Providence, RI 02908-5859

(401) 222-1270 TDD (401) 222-6334 Web site: www.crb.state.ri.us

Date \_\_

FOR OFFICE USE ONLY CLAIM NUMBER:

## STATEMENT OF CLAIM

A non-refundable application fee of \$25.00 must

1. Person Making Complaint:			2. Complaint Against:			
Name			Name	Regis #		
Compa	Company (If registered contractor) Regis #		Company		I	
Mailing Address			Mailing Address			
City	Zip	Phone(s)	City		Zip	Phone(s)
		(H)				
3. Nature of Complaint: (W)		4. Contract:				
☐ Claim by Homeowner - Negligent/Improper Work. ☐ Claim by Homeowner - Breach of Contract ☐ Claim by Homeowner - Construction Lien Failed. ☐ Claim by General Contractor against Sub.			☐ Oral ☐ Written (Copy must be attached)			
			Contract Date	Total Amt. of C	ontract	Amt. Paid to Date
	☐ Claim by Subcontractor against General ☐ Claim by Employee ☐ Soil, Asphalt, or Concrete Testing Claim.  NOTE: If claim by material or equipment supplier, use Form No. BCRB-3-90  FOR OFFICE USE ONLY		Job Address	\$		<u> </u>
© Sc NOTE:			What was the job to be done under the contract? (i.e., build house, etc.)			
roin i			Date work started		Date work ceased	
Registration Dates			Completion Date			pancy Date
Claim Type			Check this box if other claim(s) har relating to this claim. (Claim No.(s)		s) have been filed	
			و مساهما مساهما		74-3 A	1- /->
			relating to	o this claim. (0	Claim N	lo.(s) )
Regist	ered Name of Contractor		☐ Check th	o this claim. (C	sue ha	lo.(s)) is been submitted to nation or resolution
	ered Name of Contractor  6. Briefly list items of com	plaint BY NUMBER	☐ Check th court or a and attac	o this claim. (C is box if this is arbitration for c	sue ha	s been submitted to
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**RETURN ALL COPIES TO** CONTRACTORS' REGISTRATION BOARD CRB-2-98 \*See reverse side for official instructions\*

Signature \_\_\_\_\_

No.	6. Briefly list items of complaint BY NUMBER
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	INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM

## INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM

- 1. Before a claim can be processed an application fee of \$25.00 in the form of check must accompany this claim for. This fee is non-refundable and will only be returned if, upon review, it is found that the claim is outside the Boards jurisdiction.
  - Checks should be made out to the Contractors' Registration Board.
- 2. Print or type all entries on the claim form. Press hard if printing.
- 3. Complete all numbered boxes, 1 through 6, on the claim form. If these are not completed, the form will be returned to you for completion.
- 4. Box 4 of the claim form deals with the information regarding your contract with the contractor.

IF YOUR CONTRACT WAS AN ORAL AGREEMENT, YOU MUST PROVIDE DOCUMENTATION TO VERI-FY YOUR CLAIM, SUCH AS LEGIBLE, REPRODUCIBLE COPIES OF CANCELLED CHECKS, STATE-MENTS, OR BILLINGS, FROM THE CONTRACTOR.

IF YOUR CONTRACT WAS A WRITTEN CONTRACT, YOU MUST PROVIDE A LEGIBLE, REPRO-DUCIBLE COPY OF THE CONTRACT OR EARNEST MONEY AGREEMENT BEARING BOTH THE CON-TRACTOR'S AND YOUR SIGNATURES.

5. If your claim involves a mechanics lien, you must send a copy of the notice of right of lien, a copy of the lien showing the city or town's recorder's stamp and signature, a copy of each invoice constituting a basis for the lien and evidence that you have paid the contractor. If the lien is being foreclosed, also send a copy of the lien foreclosure documents.

PLEASE READ THE ABOVE INSTRUCTIONS, ANSWER THE QUESTION ASKED; SIGN, DATE AND RETURN THIS FORM WITH YOUR STATEMENT OF CLAIM. FAILURE TO DO SO WILL **DELAY PROCESSING YOUR CLAIM.**